

**EXHIBIT "7"**



## HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

Policy Number

HOS1239409

HOS1207787

Renewal of Number

One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

Named Insured and Mailing Address:

General Agent: SOVEREIGN INSURANCE SERVICES, INC

ARTE S IZMIRLIGIL  
15 SAILORS CT  
MILLER PLACE NY 11764

Insured's Producer:

Agent No.:

Program No.:

Policy Period:

From: 07-26-2016

To: 07-26-2017

Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This Insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:  
15 SAILORS CT, MILLER PLACE, NY 11764

Property Coverages:	Limits of Liability	Premiums
A—Dwelling	\$ 500,000	\$ 2,572
B—Other Structures	\$ 50,000	\$ INCLUDED
C—Personal Property	\$ 250,000	\$ INCLUDED
D—Loss of Use	\$ 50,000	\$ INCLUDED
Additional Perils Insured Against:	Limits of Liability	Premiums
	\$	\$
	\$	\$
	\$	\$
Liability Coverages:	Limits of Liability	Premiums
E—Personal Liability	\$ 500,000	\$ 55
F—Medical Payments to Others	\$ 5,000	\$ 44
	\$	\$
	\$	\$
	\$	\$
Optional Coverages:	Limits of Liability	Premiums
Loss Assessment	\$ 1,000	\$ INCLUDED
	\$	\$
	\$	\$
	\$	\$

Deductibles: Property Deductible(s): \$ 1,000 Wind/Hail: 5%

Earthquake:

Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

See Schedule of Mortgagee(s), Additional Insured(s) and Lienholder(s) - Form UTS-264

Rating Information: Year of Construction: 1988 Territory: 002 Fire District or Town: Protection Class: 04

Construction: FRAME No. of Families: 1 Occupancy: PRIMARY

Feet From Hydrant: Miles From Fire Station: Square Feet: 5000

Policy Totals: Sub-Total Premium: \$ 2,671.00  
\$

Billed to: AGENT

No Flat Cancellations

Total Taxes and Fees: \$ 200.97  
Total Policy Premium: \$ 2,871.97  
Minimum Earned Premium: \$ 668.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

## HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY®

Policy Number

HOS1207787

HOS1170272

Renewal of Number

Home Office:  
One Nationwide Plaza Columbus, Ohio 43215  
Administrative Office:  
8877 North Galney Center Drive Scottsdale, Arizona 85258  
1-800-423-7675  
A STOCK COMPANY

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL  
15 SAILORS CT  
MILLER PLACE NY 11764

General Agent: SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.:

Program No.:

Policy Period: From: 07-26-2015 To: 07-26-2016

Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:  
15 SAILORS CT, MILLER PLACE, NY 11764

Property Coverages:	Limits of Liability	Premiums
A—Dwelling	\$ 500,000	\$ 2,572
B—Other Structures	\$ 50,000	\$ INCLUDED
C—Personal Property	\$ 250,000	\$ INCLUDED
D—Loss of Use	\$ 50,000	\$ INCLUDED
Additional Perils Insured Against:	Limits of Liability	Premiums
	\$	\$
	\$	\$
	\$	\$
Liability Coverages:	Limits of Liability	Premiums
E—Personal Liability	\$ 500,000	\$ 55
F—Medical Payments to Others	\$ 5,000	\$ 44
Optional Coverages:	Limits of Liability	Premiums
Loss Assessment	\$ 1,000	\$ INCLUDED
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Deductibles: Property Deductible(s): \$ 1,000 Wind/Hail: 5% Earthquake:

Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

See Schedule of Mortgagee(s), Additional Insured(s) and Lienholder(s) - Form UTS-264

Rating Information: Year of Construction: 1988 Territory: 002 Fire District or Town: Protection Class: 04  
Construction: FRAME No. of Families: 1 Occupancy: PRIMARY

Feet From Hydrant: Miles From Fire Station: Square Feet: 5000

Policy Totals:	THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED BY THE STATE OF NEW YORK NOR SUBJECT TO ITS SUPERVISION AND IN THE EVENT OF THE INSOLVENCY OF THE INSURER(S), NOT PROTECTED BY THE NEW YORK STATE SECURITY FUNDS. THE POLICY MAY NOT BE SUBJECT TO ALL OF THE REGULATIONS OF THE INSURANCE DEPARTMENT PERTAINING TO POLICY FORMS.	Sub-Total Premium: \$ 2,671.00 \$
Billed to: AGENT		Total Taxes and Fees: \$ 200.97 Total Policy Premium: \$ 2,871.97
No Flat Cancellations		Minimum Earned Premium: \$ 668.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

HOS-D-2 (8-01)

07-28-15 ALAN

ALAN

Retail Agent Copy

## HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza Columbus, Ohio 43216

Administrative Office:

8877 North Galney Center Drive Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

HOS1127636

Renewal of Number

Policy Number

HOS11270272

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL  
15 SAILORS CT  
MILLER PLACE NY 11764

General Agent: SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.:

Program No.:

Policy Period: From: 07-26-2014 To: 07-26-2015

Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises. Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:  
**15 SAILORS CT, MILLER PLACE, NY 11764**

<u>Property Coverages:</u>	<u>Limits of Liability</u>	<u>Premiums</u>
A—Dwelling	\$ 500,000	\$ 2,572
B—Other Structures	\$ 50,000	\$ INCLUDED
C—Personal Property	\$ 250,000	\$ INCLUDED
D—Loss of Use	\$ 50,000	\$ INCLUDED
<u>Additional Perils Insured Against:</u>	<u>Limits of Liability</u>	<u>Premiums</u>
	\$	\$
	\$	\$
	\$	\$
<u>Liability Coverages:</u>	<u>Limits of Liability</u>	<u>Premiums</u>
E—Personal Liability	\$ 500,000	\$ 55
F—Medical Payments to Others	\$ 5,000	\$ 44
<u>Optional Coverages:</u>	<u>Limits of Liability</u>	<u>Premiums</u>
Loss Assessment	\$ 1,000	\$ INCLUDED
	\$	\$
	\$	\$
	\$	\$

Deductibles: Property Deductible(s): \$ 1,000 Wind/Hail: 5%

Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

See Schedule of Mortgagee(s), Additional Insured(s) and Lienholder(s) - Form UTS-264

Rating Information: Year of Construction: 1988 Territory: 002 Fire District or

Construction: FRAME No. of Families: 1 Town: Protection Class: 04

Feet From Hydrant: Miles From Fire Station: Square Feet: 5000 Occupancy: PRIMARY

Policy Totals: **THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED BY THE STATE OF NEW YORK, NOT SUBJECT TO ITS SUPERVISION, AND IN THE EVENT OF THE INSOLVENCY OF THE INSURER(S), NOT PROTECTED BY THE NEW YORK STATE SECURITY FUND(S). THE POLICY MAY NOT BE SUBJECT TO ALL OF THE REGULATIONS OF THE DEPARTMENT OF FINANCIAL SERVICES PERTAINING TO POLICY FORMS** Sub-Total Premium: \$ 2,671.00

Billed to: AGENT

No Flat Cancellation Fee

Total Taxes and Fees: \$ 201.50  
Total Policy Premium: \$ 2,872.50  
Minimum Earned Premium: \$ 668.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

HOS-D-2 (8-01)

07-25-14 ALAN  
ALAN

Mortgagor Copy

## HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY®

Policy Number

HOS1127696

HOS1094418  
Renewal of NumberHome Office:  
One Nationwide Plaza Columbus, Ohio 43215  
Administrative Office:  
8877 North Gainey Center Drive Scottsdale, Arizona 85258  
1-800-423-7875

A STOCK COMPANY

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL  
15 SAILORS CT  
MILLER PLACE NY 11764

General Agent: SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.:

Program No.:

Policy Period:	From: 07-26-2013	To: 07-26-2014	Term: 1 Year
12:01 A.M. Standard Time at the Described Location.			

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:  
15 SAILORS CT, MILLER PLACE, NY 11764

Property Coverages:	Limits of Liability	Premiums
A—Dwelling	\$ 500,000	\$ 2,572
B—Other Structures	\$ 50,000	\$ INCLUDED
C—Personal Property	\$ 250,000	\$ INCLUDED
D—Loss of Use	\$ 50,000	\$ INCLUDED
Additional Perils Insured Against:	Limits of Liability	Premiums
	\$	\$
	\$	\$
Liability Coverages:	Limits of Liability	Premiums
E—Personal Liability	\$ 500,000	\$ 55
F—Medical Payments to Others	\$ 5,000	\$ 44
Optional Coverages:	Limits of Liability	Premiums
LOSS ASSESSMENT	\$ 1,000	\$ INCLUDED
	\$	\$
	\$	\$

Deductibles: Property Deductible(s): \$ 1,000 Wind/Hail: 5%

Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

NONE

Rating Information: Year of Construction: 1988 Territory: 002 Fire District or Town: Protection Class: 04  
Construction: FRAME No. of Families: 1 Occupancy: PRIMARY

Feet From Hydrant: Miles From Fire Station: Square Feet: 5000

Policy Totals: THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED Sub-Total Premium: \$ 2,671.00  
BY THE STATE OF NEW YORK, NOT SUBJECT TO ITS \$Billed to: AGENT SUPERVISION, AND IN THE EVENT OF FIRE OR EMERGENCY  
OF THIS PROPERTY, THE INSURER(S) WILL NOTNo Flat Cancellation: THE INSURER(S) WILL NOT BE  
SUBJECT TO ALL OF THE REGULATIONS OF THE Total Taxes and Fees: \$ 201.50

DEPARTMENT OF FINANCIAL SERVICES PERTAINING TO Total Policy Premium: \$ 2,872.50

POLICY FORMS. Minimum Earned Premium: \$ 668.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

HOS-D-2(8-01)

07-26-13

ALAN

ALAN

Retail Agent Copy

## HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY™

Policy Number

HOS1094418

HOS1070201

Renewal of Number

Home Office:

One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL  
15 SAILORS CT  
MILLER PLACE NY 11764

General Agent: SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Policy Period:	From: 07-26-2012	To: 07-26-2013	Term: 1 Year	Agent No.:	Program No.:
12:01 A.M. Standard Time at the Described Location.					

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:  
15 SAILORS CT, MILLER PLACE, NY 11764

Property Coverages:	Limits of Liability	Premiums
A—Dwelling	\$ 500,000	\$ 2,279
B—Other Structures	\$ 50,000	\$ INCLUDED
C—Personal Property	\$ 250,000	\$ INCLUDED
D—Loss of Use	\$ 50,000	\$ INCLUDED
Additional Perils Insured Against:	Limits of Liability	Premiums
	\$	\$
	\$	\$
	\$	\$
Liability Coverages:	Limits of Liability	Premiums
E—Personal Liability	\$ 500,000	\$ 55
F—Medical Payments to Others	\$ 5,000	\$ 44
Optional Coverages:	Limits of Liability	Premiums
Loss Assessment	\$ 1,000	\$ INCLUDED
	\$	\$
	\$	\$
	\$	\$

Deductibles: Property Deductible(s): \$ 1,000 Wind/Hail: 5%

Earthquake:

Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

NONE

Rating Information: Year of Construction: 1988 Territory: 002 Fire District or Town: Protection Class: 04  
Construction: FRAME No. of Families: 1 Occupancy: PRIMARY

Feet From Hydrant: THE INSURER(S) NAMED HEREIN IS (ARE) NOT Square Feet: 5000

Policy Totals: LICENSED BY THE STATE OF NEW YORK, NOT Sub-Total Premium: \$ 2,378.00

Billed to: AGENT SUBJECT TO ITS SUPERVISION AND IN THE \$

No Flat Cancellations EVENT OF THE INSOLVENCY OF THE INSURER(S),

NOT PROTECTED BY THE NEW YORK STATE SECURITY FUNDS. THE POLICY MAY NOT BE

SUBJECT TO ALL OF THE REGULATIONS OF THE INSURANCE DEPARTMENT PERTAINING TO Total Taxes and Fees: \$ 190.37

POLICY FORMS. Total Policy Premium: \$ 2,568.37

Minimum Earned Premium: \$ 594.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

## HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY®

Policy Number

HOS1070201

HOS0424501

Renewal of Number

Home Office:  
One Nationwide Plaza Columbus, Ohio 43215  
Administrative Office:  
8877 North Gainey Center Drive Scottsdale, Arizona 85258  
1-800-423-7675  
A STOCK COMPANY

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL  
15 SAILORS CT  
MILLER PLACE NY 11764

General Agent: SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.: \_\_\_\_\_ Program No.: \_\_\_\_\_  
**Policy Period:** From: 07-26-2011 To: 07-26-2012 Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:  
15 SAILORS CT, MILLER PLACE, NY 11764

Property Coverages:	<u>Limits of Liability</u>	<u>Premiums</u>
A—Dwelling	\$ 500,000	\$ 2,279
B—Other Structures	\$ 50,000	\$ INCLUDED
C—Personal Property	\$ 250,000	\$ INCLUDED
D—Loss of Use	\$ 50,000	\$ INCLUDED
Additional Perils Insured Against:	<u>Limits of Liability</u>	<u>Premiums</u>
	\$	\$
	\$	\$
	\$	\$
Liability Coverages:	<u>Limits of Liability</u>	<u>Premiums</u>
E—Personal Liability	\$ 500,000	\$ 55
F—Medical Payments to Others	\$ 5,000	\$ 44
	\$	\$
	\$	\$
	\$	\$
Optional Coverages:	<u>Limits of Liability</u>	<u>Premiums</u>
Loss Assessment	\$ 1,000	\$ INCLUDED
	\$	\$
	\$	\$
	\$	\$

Deductibles: Property Deductible(s): \$ 1,000 Wind/ Hail: 5% Earthquake:

Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

NONE

Rating Information: Year of Construction: 1988 Territory: 002 Fire District or Town: Protection Class: 04  
 Construction: FRAME No. of Families: 1 Occupancy: PRIMARY  
 Feet From Hydrant: Miles From Fire Station: Square Feet: 5000

Policy Totals:	THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED BY THE STATE OF NEW YORK, NOT SUBJECT TO ITS SUPERVISION, AND IN THE EVENT OF THE INSOLVENCY OF THE INSURER(S), NOT PROTECTED BY THE NEW YORK STATE SECURITY FUNDS. THE POLICY MAY NOT BE SUBJECT TO ALL OF THE REGULATIONS OF THE INSURANCE DEPARTMENT PERTAINING TO POLICY FORMS.	Sub-Total Premium: \$ 2,378.00
Billed to: AGENT		\$
No Flat Cancellations	Total Taxes and Fees: \$ 190.37	Total Policy Premium: \$ 2,568.37
	Minimum Earned Premium: \$ 594.00	

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

**HOMEOWNER POLICY DECLARATIONS****SCOTTSDALE INSURANCE COMPANY®****Policy Number**

HOS0424501

HOS0398683

Renewal of Number

Home Office:

One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-6765

A STOCK COMPANY

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL

15 SAILORS CT

MILLER PLACE NY 11764

General Agent: SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.:

Program No.:

**Policy Period: From: 07-26-2010 To: 07-26-2011 Term: 1 Year**

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises. Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:

15 SAILORS CT, MILLER PLACE, NY 11764

<b>Property Coverages:</b>	<u>Limits of Liability</u>	<u>Premiums</u>
A—Dwelling	\$ 500,000	\$ 2,279
B—Other Structures	\$ 50,000	\$ INCLUDED
C—Personal Property	\$ 250,000	\$ INCLUDED
D—Loss of Use	\$ 50,000	\$ INCLUDED
<b>Additional Perils Insured Against:</b>	<u>Limits of Liability</u>	<u>Premiums</u>
	\$	\$
	\$	\$
	\$	\$
<b>Liability Coverages:</b>	<u>Limits of Liability</u>	<u>Premiums</u>
E—Personal Liability	\$ 500,000	\$ 55
F—Medical Payments to Others	\$ 5,000	\$ 44
<b>Optional Coverages:</b>	<u>Limits of Liability</u>	<u>Premiums</u>
Loss Assessment	\$ 1,000	\$ INCLUDED
	\$	\$
	\$	\$
	\$	\$

**Deductibles: Property Deductible(s): \$ 1,000**

Wind/ Hail: 5%

Earthquake:

**Personal Liability Deductible:****Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L****Mortgagor(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:****NONE****Rating Information: Year of Construction: 1988 Territory: 002 Fire District or Town: Protection Class: 04****Construction: FRAME No. of Families: 1 Occupancy: PRIMARY****Feet From Hydrant: Miles From Fire Station: Square Feet: 5000****Sub-Total Premium: \$ 2,378.00**

**Policy Totals:**  
**THIS INSURER(S) NAMED HEREIN IS (ARE) NOT  
 LICENSED BY THE STATE OF NEW YORK, NOT  
 SUBJECT TO ITS SUPERVISION, AND IN THE  
 EVENT OF THE INSOLVENCY OF THE INSURER(S),  
 NO PROTECTION IS PROVIDED BY THE NEW YORK STATE  
 SECURITY FUNDS. THE POLICY MAY NOT BE  
 SUBJECT TO ALL OF THE REGULATIONS OF THE  
 INSURANCE DEPARTMENT PERTAINING TO**

**Total Taxes and Fees: \$ 190.37  
 Total Policy Premium: \$ 2,568.37**

**Minimum Earned Premium: \$ 594.00**

**THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A  
 PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.**

HOS-D-2 (801)

07-27-10

ALAN

ALAN

Insured Copy

## HOMEOWNER POLICY DECLARATIONS

NEW ISSUE



SCOTSDALE INSURANCE COMPANY\*

Home Office:

One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

Policy Number

HOS0398663

NEW

Renewal of Number

8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

Named Insured and Mailing Address:

ARIF S TZMIRI TIGIL  
15 SAILORS CT  
MILLER PLACE NY 11764

General Agent: SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.: 31002 Program No.:

Policy Period: From: 07-26-2009 To: 07-26-2010 Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises. Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:  
**15 SAILORS CT, MILLER PLACE, NY 11764**

Property Coverages:	Limits of Liability	Premiums
A—Dwelling	\$ 500,000	\$ 2,279
B—Other Structures	\$ 50,000	\$ INCLUDED
C—Personal Property	\$ 250,000	\$ INCLUDED
D—Loss of Use	\$ 50,000	\$ INCLUDED
<b>Additional Perils Insured Against:</b>	<b>Limits of Liability</b>	<b>Premiums</b>
	\$	\$
	\$	\$
	\$	\$
<b>Liability Coverages:</b>	<b>Limits of Liability</b>	<b>Premiums</b>
E—Personal Liability	\$ 500,000	\$ 55
F—Medical Payments to Others	\$ 5,000	\$ 44
	\$	\$
	\$	\$
<b>Optional Coverages:</b>	<b>Limits of Liability</b>	<b>Premiums</b>
<b>Loss Assessment</b>	<b>\$ 1,000</b>	<b>INCLUDED</b>
	\$	\$
	\$	\$
	\$	\$

Deductibles: Property Deductible(s): \$ 1,000 Wind/ Hall: 5%

Earthquake: Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

NONE

Rating Information:	Year of Construction: 1988	Territory: 002	Fire District or Town:
Protection Class: 0 4	Construction: FRAME	No. of Families: 1	Occupancy: PRIMARY
Feet From Hydrant:	Miles From Fire Station:	Square Feet: 5000	

Policy Totals:	Sub-Total Premium: \$ 2,378.00
----------------	--------------------------------

Billed to: AGENT

No Flat Cancellations

Total Taxes and Fees: \$ 265.37
Total Policy Premium: \$ 2,643.37
Minimum Earned Premium: \$ 594.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.